



THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

1998 KY GENERAL ASSEMBLY

*submitted by Rice C. Leach, MD,
Commissioner, Dept for Public
Health*

Actions and Implications for Public Health: Commissioner's Assessment

Actions Taken:

The 1998 General Assembly took many actions that will significantly impact on Kentucky's public health activities. Some are readily apparent like the changes in tuberculosis skin testing and the authority to protect the public from restaurants with imminent health hazards. Others are equally important but are not necessarily obvious without considering the big picture.

The April 6, 1998 *Courier-Journal*

reported that the General Assembly appropriated a \$13 billion budget for the biennium. In addition to the operating budget for public health, it included at least 40 water improvement and 14 sewer projects to reduce enteric disease. It includes three (3) health department construction projects and several other health care facility improvement projects along with many other activities to strengthen education and the economy. The budget also corrected a funding shortfall in the environmental health program, tripled funding for the poison control center in Louisville to enable it to operate statewide, supported a controlled substance tracking system for the drug control branch, and established several health education projects. Finally, it implemented the governor's maintenance budget for public health.

The Kentucky Children's Health Insurance Project (K-CHIP) was authorized and will add \$63 million to purchase health services through "accountable organizations" for

many children not insured by Medicaid or private insurance. The General Assembly did not pass legislation that would have prevented the expansion of the Medicaid Partnership approach to managed care but it established house and senate oversight of the process. The retirement bill for state and county health department employees gives over 30% of state health department employees and possibly as many county health department employees the opportunity to retire by this time next year.

Bills related to more traditional public health issues removed the requirement for school children to have routine **tuberculin testing** (PPD) before entering school for the first time but it retained the authority to perform these tests in those situations where the state health department feels such screening is indicated because of local circumstances (there will be more on this before school is out in May). **Hepatitis B** testing is now required on all pregnant women so

CONTENTS

ACH Anecdotes	3
Central Office Comments	3
Epi Epistles	4
LHDO 'Lights'	4
PHPS Passages	4
Staff Spotlight	5
Training Tidbits	5

timely Hepatitis B immunization can be given to infants born to positive women. This will reduce the prevalence of Hepatitis B and liver cancer over time. The department can respond more effectively to radiation health issues as a result of bills that passed. **Environmental health** inspectors will have the authority to close restaurants without going through a hearing when they encounter an imminent health hazard. Accompanying this new authority is the responsibility to be maximally responsive to requests for reinspection after appropriate corrective action. Those responsible for certifying onsite waste installations will be greatly aided by the new law that requires health departments to be advised of requests for **electrical hookup** at home construction or manufactured housing sites. Here again, the new authority brings with it a requirement to be maximally responsive to requests for evaluation to avoid construction delays.

The General Assembly discussed or took additional action in public health related areas. Substance abuse prevention for pregnant women, rape crisis centers, breast cancer advisory committees, women's health, consumer protection for the elderly, children's Emergency Medical Services, emerging infections, sanitary facilities on boats, Alzheimer's services, crisis stabilization, traumatic brain injury, diabetes, autism, patient safety, disaster preparedness, childhood smoking, Medicaid quality assurance, parental consent, helmet usage, and alternative medicine all received significant discussion and all present significant opportunities for public health workers in their preventive aspects. Finally, House Bill 128 established a mechanism by which charitable providers can have

professional liability insurance paid by the state so they can serve in shortage areas, including those identified by **local boards of health**.

Implications for Public Health:

One of the most obvious outcomes from my perspective is that Kentucky is shifting the clinical preventive services work load from the public sector to the private sector. Medicaid partnerships will move forward, K-CHIP has a heavy clinical component, and public health is operating on a maintenance budget. Many health departments have declined to fill selected vacant positions, some are contemplating layoffs, and several report declining clinic volume. This is occurring with and without the partnerships; however, the partnerships have clearly magnified the problem and accelerated the process. Medicaid patients will continue to have insurance for their medical care but they will receive it from those providers authorized to provide it through partnerships. While this shift is going to cause a major decline in Medicaid business and revenue, it is unlikely that health departments will get completely out of the Medicaid business.

K-CHIP will provide health insurance to many of the uninsured children who currently rely on the health departments for their preventive services if their parents enroll them and pay the premiums. The private sector is likely to provide the majority of this care although we expect health departments to have a reasonable opportunity to participate. If the private sector is successful in absorbing all the patients insured by Medicaid and K-CHIP, then health departments would be left with uninsured pregnant women and persons with communicable diseases in their clinics. Such a total shift of

patients and resources is not likely but a significant shift is likely and we need to adapt.

Many public health workers are concerned about the impact of revenue shortfalls on staffing patterns as they should be. At the same time, all of us need to take advantage of this rapid and profound change as an opportunity to restructure state and local public health operations for the future. Retirements and funding changes are going to result in some downsizing and vacancies. There is little doubt about that. There is also little doubt that the majority of the public health funding has been left intact and that K-CHIP will pay for services to previously uninsured children. The question for all of us is what do we do about it. Do we change the personnel mix? Should positions vacated in Frankfort through retirement be moved to the field? Should they be filled with the same kind of person or do we need something different? Do we need some field public health physicians to serve as technical support for the counties as they work with hospitals and private doctors on population issues? Should local health departments replace retiring clinic based staff with more of the same or should they be looking for different kinds of staff? Should they be looking for staff who can use the public health funds to resolve public health problems **outside of the clinic**? How can we achieve our immunization goals outside of the clinic? How can we achieve our cancer screening goals outside of the clinic? How can we achieve our public health goals if the patients are being seen by the private sector? How can the state keep its contractual and grant obligations to the Public Health Service if more and more of the patients are being seen by the private sector?

It seems to me that the 1998 legislative session gave us some clear messages regarding important public health issues. They just didn't call them all public health issues. What about the public health aspects of: substance abuse prevention for pregnant women, rape, breast cancer, women's health, protection for the elderly, children's Emergency Medical Services, emerging infections, sanitary facilities on boats, Alzheimer's services, crisis stabilization, traumatic brain injury, diabetes, autism, patient safety, disaster preparedness, childhood smoking, Medicaid quality assurance, parental consent, helmet usage, domestic violence and alternative medicine?

The Department for Public Health does not expect to locate funds to cover the potential downsizing that will accompany the shift of Medicaid revenue to the private sector. The impact of this funding shift may be eased by increased retirements. In addition, K-CHIP will eliminate the fiscal liability for services to many previously uninsured children by paying health departments or by shifting the clinical obligation to the private sector. However, the Department does anticipate redirecting substantial funds from "fee for service" type health department clinical activities into "block grant" funding for population based activities. We continue to look for ways to redirect still other funds into health department activities and we continue to pursue opportunities for other funding entities to cover services previously paid out of public health funds. With good planning we should be able to cover our obligations to maintain our infrastructure and clinical preventive services for the people uninsured by either K-CHIP or Medicaid. The trick for all of us, then, is to use the

personnel and fiscal changes that we cannot avoid to restructure public health in such a way that **assurance, access, and policy** build on the strengths of both the public and private sectors. It won't be easy and it won't be without mistakes; however, done properly, it can enable Kentucky's public and private providers to strengthen relationships so that both the population and the patient get better service than they had before.

ACH Anecdotes

Governor Paul Patton has formed a Governor's Task Force on Breast Cancer with Gilbert H. Friedell, M.D., co-director of the Kentucky Cancer Program (KCP) and director for cancer control at the University of Kentucky Markey Cancer Center, as executive director. First Lady Judi Patton is chair.

Linda Linville and Connie Sorrell, co-directors of KCP's Outreach Division, will serve as assistants to the executive director. The task force will become active in July.

"The incidence and mortality of breast cancer is second only to that of lung cancer among women in Kentucky," said Friedell. "It is an 'equal opportunity' disease affecting all levels of society. Three-fourths of all new breast cancer cases are in women over 50."

Friedell said the task force will study the level of mammography screening in the state. "Screening all women over the age of 50 would reduce breast cancer mortality by 30 percent," he said.

In addition, the task force will assess cancer education programs; adequacy

of health insurance coverage for breast cancer; the needs of uninsured and underinsured women; state and federal funding on breast cancer; and the availability and utilization of breast cancer data with regard to screening, diagnosis, treatment, and outcomes.

By June 1999, the group will submit to the Governor a comprehensive plan addressing these concerns.

The task force will consist of breast cancer survivors, health professionals, community activists, and representatives from private, governmental, and professional organizations.

"The appointment of this group by Governor Patton and the willingness of Mrs. Patton to serve as chair underscores the importance the Governor places on dealing with this major cancer problem in Kentucky," said Friedell.

- written by Suzanne Froelich,
excerpted from Partners in cancer control newsletter

Central Office Comments

DES Helps Thousands of Welfare Recipients Find Work: The Department for Employment Services (DES) helped 8,016 welfare recipients find unsubsidized employment during the last six months of 1997 through 26 local offices across the state.

The department provides on-going assistance to welfare recipients who must find jobs to meet the work requirements of the 1996 federal welfare reform legislation. Services include work readiness seminars, job search assistance, on-the-job training

programs and subsidized employment opportunities. The department is an agency of the Cabinet for Workforce Development.

Employment Services Commissioner Margaret Whittet said that the most important service the department provides is teaching welfare recipients how to get a job.

"The ultimate goal is to help people become financially self-sufficient through employment. We try to accomplish that by helping people to develop the skills they need to land that first job," said Whittet. "But we also want them to be self-sufficient in their next job search, to be able to move on to a better job and advance throughout their working years. We attempt to give them skills to further themselves in the workforce."

Whittet said that part of the success in helping welfare recipients find jobs is Kentucky's continuing low unemployment rates in many areas of the state.

"It's obvious that we still have several pockets of Kentucky where unemployment rates are high and jobs are scarce," she said. "However, we're very fortunate that in most of the state, jobs are available, and employers are actively recruiting and hiring." Welfare recipients moved into the workforce in Kentucky's urban areas as well as rural.

According to information from the Department for Social Insurance, the number of Kentucky families on welfare went down from 68,260 in November 1996 to 56,370 in November 1997, the latest month for which figures are available.

For more information about job search assistance available to welfare recipients or to the general public, contact a local office of the

Department for Employment Services.

- excerpted from *KEY Workforce Issues* quarterly newsletter

Epi Epistles

Annual Vital Statistics Report

Available: The 1996 report of Kentucky vital events (births, deaths, marriages, and divorces) is now available for local health departments and others. The publication includes data tables by county and Area Development District. Data in the document will be useful in assessing community health needs, planning initiatives, and evaluating community-based interventions.

For copies of the *Kentucky Annual Vital Statistics Report 1996*, write to: Health Data Branch, Division of Epidemiology & Health Planning, Mail Stop HS 1E-C, 275 East Main Street, Frankfort, KY 40621-0001, or call 502-564-2757.

- submitted by Barbara Sonnen, Division of Epidemiology & Health Planning

LHDO 'Lights

"Hands Are Not for Hitting" SAVE

Project: Twenty of our local health departments are involved in the KMAA's (Kentucky Medical Association Alliance's) SAVE (Stop Abuse and Violence Everywhere) Project.

The KMAA is caring physicians' spouses who are the proactive voice of the Kentucky Medical Association (KMA) in the community. They have launched a joint campaign against violence with the AMA (American Medical Association) and AMAA (American Medical Association Alliance).

Through Commissioner Rice Leach, MD, the Department for Public Health contributed to the purchase and distribution of two conflict resolution publications, "Hands Are Not for Hitting" and "I Can Choose". These materials are aimed at teaching children conflict resolution skills. Eighty thousand each of these materials were purchased and will be made available to children in grades K-3 in the participating counties. The materials will be used by either teachers or health department staff involved in school programs.

Dr. Leach feels this is an excellent opportunity for health departments to collaborate with the medical community while at the same time making an impact on abuse and violence for the children of Kentucky. Health department staff will be working closely with KMAA county presidents and members to get the materials into the schools. The health departments participating in this worthwhile project are FIVCO District Health Department (Boyd county); Green River District Health Department (Davies, Henderson, McLean, Union, and Webster counties); Lexington-Fayette County Health Department; Franklin County Health Department; Northern Kentucky District Health Department; Purchase District Health Department (McCracken county); Perry County Health Department; Lake Cumberland District Health Department (Pulaski county); Madison County Health Department; Barren River District Health Department (Warren); and WEDCO District Health Department (Harrison).

These health departments should be very proud of their efforts. Their contributions to this project helped the KMAA win this year's annual

KASH (Kentucky Association of School Health) group award for excellence in health education.
- submitted by Peggy Ware, Division of Local Health Department Operations

PHPS Passages

Public Health Protection Wins Big in the 1998 General Assembly: Due to some of the best public health teamwork I have ever seen we have had a very productive legislative session. Senate Bill 18 (the electrical hookup bill) passed the House of Representatives by a vote of 87 for and 9 against. The only amendment to the bill dealt with the permitting of composting site by the Department of Environmental Protection.

The amendment will require them to have a public notice and offer the opportunity for a public hearing prior to permitting a composting site. This amendment originated from the Representative from Simpson County. It was in response to odor problems associated with a composting operation in Simpson County. Regarding the amendment, there is no direct impact on our programs. The Senate voted unanimously to approve this amendment from the House. The bill will now go to the Governor for his approval.

I must say that I am VERY impressed with the teamwork we had on our legislative initiatives this session. I hope this signals a new era of teamwork between the state and local health departments. It just goes to show what we can do when we work together.

Let's keep this spirit of cooperation going when we develop the revisions to our onsite sewage regulations. To comply with Senate Bill 18, we need

to amend the onsite sewage regulations. I am especially interested in getting ideas from those of you who have an electrical hookup ordinance. Please call me at (502) 564-7398 if you are interested in working on an ad hoc group dealing with this revision.

The passage of Senate Bill 68 is our other great success. At this time it does not appear that changes to the retail food code will be necessary. This is because the existing language in the food code is consistent with the changes made by Senate Bill 68. Both bills will become effective on July 15th unless the Governor vetoes them. There will be future guidance mailed on how to implement the changes.

- submitted by Mark Hooks, Division of Public Health Protection & Safety

Staff Spotlight

Floyd County Health Fair: Teen leaders from the Floyd County PSI Program had a health fair at Prestonsburg High School on April 3, 1998. The theme of the fair was "Get a Life First--Wait to Have Sex", the same as the statewide media campaign. There were 20 booths representing local agencies as well as statewide agencies. We had entertainment and food for the vendors as well as the students who attended. The feedback from the kids was that the fair was a great success. The teen leaders who helped plan the fair were excited about being in on the planning process and also used it as a way to recruit teen leaders for the coming school year.

Ladies' Health Day: Floyd County Health Department is having a "Ladies' Health Day" on Saturday, April 25, 1998. Please see the announcement at the end of this

newsletter.

- submitted by Jane Bond, Floyd County Health Department

Training Tidbits

RTC Training Courses Offered -

FY 1998: Information on all FY98 Emory University Regional Training Center (RTC) course offerings has been forwarded to District Training Contacts and LHD Administrators. Anyone wishing to attend these should contact the appropriate individual for course content and registration forms. Course dates, locations, and titles are listed below.

4/24/98 Bowling Green
 - HIV / AIDS Update

5/1/98 Lexington
 - Orientation for New Family Planning RNs

5/8/98 Lexington
 - Postponing Sexual Involvement

5/21/98 Lexington
 - Current Reproductive Health Issues-Clinicians

5/22/98 Lexington
 - Pharmacology Update-Clinicians

5/29/98 Ashland
 - Counseling Adolescents

6/12/98 Dawson Springs
 - Handling Difficult People-Clients and Co-workers

6/19/98 Morehead
 - TB: Meeting the New Challenge

Domestic Violence Course Schedule:

4/29/98 Louisville (full)

5/13/98 Paducah (full)

5/20/98 Kenton Co.

5/27/98 Eddyville

6/5/98 Barren River

6/26/98 London (*full*)

Should you have any questions regarding this information, please contact Bob Hurst at (502) 564-4990.

Video/Audio Tapes ALERT: If you have any outstanding video or audio tapes on loan for more than three weeks, please return them to me at the address given in the Editor's Note. Thank you for your cooperation.

EDITOR'S NOTE:

Please submit articles, staff spotlight nominees, or suggestions for the newsletter to:

Sandy Williams, Editor

DPH - Training Branch

275 East Main St.

Frankfort, KY 40621

E-mail: swilliam@mail.state.ky.us

502-564-4990

502-564-4553 (FAX)